



Nursing Shift to Shift Bedside Handoff Reporting

BACKGROUND

- A structured and focused handoff ensures continuity of care and patient safety
- RN to RN hand-off communication provides an opportunity for discussion between the RNs and patient
- Bedside handoff empowers the patient to be an active participant in their care. This handoff encourages sharing of knowledge, shared decision making, and strengthening of knowledge

LOCAL CONTEXT

- Current handoff process is unstructured, consists of written & verbal communication and is conducted away from the patient
- Content of handoff varies leading to declined nursing satisfaction, incremental overtime and patient dissatisfaction in communication with nurses

PURPOSE

The three-fold purpose of this EBP project is to:

- Determine nurse’s attitudes, knowledge, and satisfaction with bedside handoff communication
- Identify the impact of changing nursing handoff to the bedside on the Press-Ganey question, “Communication with Nurses”
- Investigate if bedside communication using SBAR alters the amount of incidental overtime resulting from shift hand-off

METHODS

- Design: Evidence-based quality improvement project
- Setting: Inpatient oncology
- Participants: Oncology & Float Pool RNs
- Procedure:
 - Pre-survey administered to RNs
 - Education regarding RN-to-RN bedside handoff utilizing an SBAR format. SBAR format instructional video required for each RN
 - Obtaining Incremental overtime data and patient satisfaction data from manager
 - Post-survey done 60 days after pre-survey
 - Visual Audits of bedside shift handoff were performed

RESULTS AND OUTCOMES

- RN Attitudes and Knowledge Survey
Pre data (N=15) RNs regarding bedside report:
 - 73% agree it is best practice
 - 53% agree it should be used
 - 46.7% currently use and will continue to use
 - RN’s with <3yrs experience state they use bedside report more than experienced RNsPost data (N=4)
 - 75% agree it is best practice
 - 50% agree it should be used
 - 25% currently use and will continue to use
- Visual audits demonstrate no change; approximately 50% of RNs conducting bedside report
- Impact of incidental overtime at change of shift not monitored due to the impact of Covid19 on staffing

RESULTS AND OUTCOMES CONTINUED

Communication with nurses reveal slight improvement following change in RN-to-RN shift handoff

• July 2020	79.69	N=151
• August 2020	79.23	N=131
• April 2021	79.23	N=193
• June 2021	75.62	N=185
• July 2021	80.20	N=182

DISCUSSION

- Covid19 pandemic impacted data collection resulting in smaller sample size than anticipated
- Less experienced RNs reported completing bedside report more often, however fewer report understanding necessity for the process
- Project continues to be important in meeting regulatory requirement (TJC PC. 02.02.01)
- Continue to reinforce the need for bedside report

CONCLUSION

- Although this evidence-based quality improvement project did not demonstrate evidence of improvement, face-to-face report has continued as best practice
- Collaboration during bedside report has proven to reduce communication errors, promote patient safety and improve patient satisfaction; this warrants further education and research

REFERENCES

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